

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
04/09/96

PRODUCER

T.M. Edwards & Assoc., Inc.
648 Joliet St. P.O. Box 146
Dyer IN 46311

Renee A. Held

Phone No. 219-865-2221 Fax No. 219-865-1245

INSURED

Asphalt Service Contractors
Incorporated
616 Avenue H
Griffith IN 46311

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

| | |
|-----------|----------------------------|
| COMPANY A | Meridian Insurance Company |
| COMPANY B | |
| COMPANY C | |
| COMPANY D | |

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| CO LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|--------------|---|---------------|----------------------------------|-----------------------------------|---|
| A | <input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT | CPP4243955 | 06/09/95 | 06/09/96 | GENERAL AGGREGATE \$ 1,000,000 |
| | | | | | PRODUCTS - COMP/OP AGG \$ 1,000,000 |
| | | | | | PERSONAL & ADV INJURY \$ 500,000 |
| | | | | | EACH OCCURRENCE \$ 500,000 |
| | | | | | FIRE DAMAGE (Any one fire) \$ 500,000 |
| | | | | | MED EXP (Any one person) \$ 500,000 |
| | | | | | |
| A | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | BAP4243956 | 06/09/95 | 06/09/96 | COMBINED SINGLE LIMIT \$ 300,000 |
| | | | | | BODILY INJURY (Per person) |
| | | | | | BODILY INJURY (Per accident) |
| | | | | | PROPERTY DAMAGE \$ |
| | | | | | AUTO ONLY - EA ACCIDENT \$ |
| | | | | | OTHER THAN AUTO ONLY: |
| | | | | | EACH ACCIDENT \$ |
| AGGREGATE \$ | | | | | |
| A | <input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM | | | | EACH OCCURRENCE \$ |
| | | | | | AGGREGATE \$ |
| | | | | | |
| A | <input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: | WC4243958 | 06/09/95 | 06/09/96 | <input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER |
| | | | | | EL EACH ACCIDENT \$ 100,000 |
| | | | | | EL DISEASE - POLICY LIMIT \$ 500,000 |
| | | | | | EL DISEASE - EA EMPLOYEE \$ 100,000 |
| | OTHER | | | | |

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DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
Asphalt Service Contractor

CERTIFICATE HOLDER

LAKECPC

Lake County Plan Commission

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
[Signature]
ACORD CORPORATION